

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18953

State File No.

FILED JUN 7 1943
 Registration District No. 217

Primary Registration District No. 3070

Registrar's No. 1266

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town MAPLEWOOD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MAPLEWOOD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community ALL HER LIFE
 years, months or days)

3. (a) PRINT FULL NAME ROSE MARY DODD

3. (b) If veteran, name war N.O. 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife MARCA 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased MAY - 27 - 1896
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 — — hr. — min.

9. Birthplace WEBSTER GROVES, MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

12. Name HENRY BRUCE DODD
 13. Birthplace HOWARD Co. MISSOURI
 (City, town, or county) (State or foreign country)
 14. Maiden name MARTHA A. HARRISON
 15. Birthplace CINCINNATI OHIO
 (City, town, or county) (State or foreign country)

16. (a) Informant Loe Aldrich
 (b) Address 15 W. Lockwood, W. G.
 17. (a) BURIAL (b) Date thereof MAY 31 - 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES M. G.
2917 N. Duran, W. G.
 19. (a) JUN 1 1943 (b) E. J. McFarland, Jr.
 (Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town WEBSTER GROVES
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 160 SLOCUM
 (If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1943 hour 5.15 minute P M.

21. I hereby certify that I attended the deceased from 1/1943, 19—, to 5/1943, 19—;
 that I last saw her alive on May 13, 1943, 19—;
 and that death occurred on the date and hour stated above.

Immediate cause of death Failure of heart to compensate due to convulsions

Due to Imbecile

Due to —

Other conditions —
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations —
 Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
 (b) Date of occurrence —
 (c) Where did injury occur? — (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
—

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Thos. P. Kiel (M. D. or other)
 Address 7465 Hazel, Maplewood Date signed 5/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.